

CLAIMS ONLY						Application Number <i>10063186</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1		/					51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
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42		/					92	
43		/					93	
44		/					94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49		/					99	
50		/					100	
Total Indep		3					Total Indep	
Total Depend		360					Total Depend	
Total Claims		39					Total Claims	